



2009 SENATE BILL 163

1 **AN ACT** *to amend* 40.51 (8), 40.51 (8m), 66.0137 (4), 111.91 (2) (n), 120.13 (2) (g),
2 185.981 (4t) and 185.983 (1) (intro.); and *to create* 609.87 and 632.895 (16) of
3 the statutes; **relating to:** requiring health insurance coverage of colorectal
4 cancer screening and granting rule-making authority.

Analysis by the Legislative Reference Bureau

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

5 **SECTION 1.** 40.51 (8) of the statutes is amended to read:
6 40.51 **(8)** Every health care coverage plan offered by the state under sub. (6)
7 shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.746 (1) to (8)
8 and (10), 632.747, 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, 632.87 (3) to
9 (5) (6), 632.895 (5m) and (8) to ~~(15)~~ (16), and 632.896.
10 **SECTION 2.** 40.51 (8m) of the statutes is amended to read:

SENATE BILL 163**SECTION 2**

1 40.51 **(8m)** Every health care coverage plan offered by the group insurance
2 board under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747,
3 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, and 632.895 (11) to ~~(15)~~ (16).

4 **SECTION 3.** 66.0137 (4) of the statutes is amended to read:

5 66.0137 **(4)** SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or
6 a village provides health care benefits under its home rule power, or if a town
7 provides health care benefits, to its officers and employees on a self-insured basis,
8 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
9 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4), and
10 ~~(5), and (6),~~ 632.895 (9) to ~~(15)~~ (16), 632.896, and ~~767.25 (4m) (d)~~ 767.513 (4).

11 **SECTION 4.** 111.91 (2) (n) of the statutes is amended to read:

12 111.91 **(2)** (n) The provision to employees of the health insurance coverage
13 required under s. 632.895 (11) to (14) and (16).

14 **SECTION 5.** 120.13 (2) (g) of the statutes is amended to read:

15 120.13 **(2)** (g) Every self-insured plan under par. (b) shall comply with ss.
16 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),
17 632.85, 632.853, 632.855, 632.87 (4) ~~and, (5), and (6),~~ 632.895 (9) to ~~(15)~~ (16), 632.896,
18 and ~~767.25 (4m) (d)~~ 767.513 (4).

19 **SECTION 6.** 185.981 (4t) of the statutes is amended to read:

20 185.981 **(4t)** A sickness care plan operated by a cooperative association is
21 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85,
22 632.853, 632.855, 632.87 (2m), (3), (4), ~~and (5), and (6),~~ 632.895 (10) to ~~(15)~~ (16), and
23 632.897 (10) and chs. 149 and 155.

24 **SECTION 7.** 185.983 (1) (intro.) of the statutes is amended to read:

SENATE BILL 163

1 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be
2 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
3 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93,
4 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853,
5 632.855, 632.87 (2m), (3), (4), ~~and (5), and (6)~~, 632.895 (5) and (9) to ~~(15) (16)~~, 632.896,
6 and 632.897 (10) and chs. 609, 630, 635, 645, and 646, but the sponsoring association
7 shall:

8 **SECTION 8.** 609.87 of the statutes is created to read:

9 **609.87 Coverage of colorectal cancer screening.** Defined network plans
10 are subject to s. 632.895 (16).

11 **SECTION 9.** 632.895 (16) of the statutes is created to read:

12 **632.895 (16) COLORECTAL CANCER SCREENING.** (a) Except as provided in par. (c),
13 every disability insurance policy, and every self-insured health plan of the state or
14 a county, city, village, town, or school district, that provides coverage of any
15 diagnostic or surgical procedures shall provide coverage of colorectal cancer
16 examinations and laboratory tests, in accordance with guidelines specified by the
17 commissioner by rule under par. (d) 1. and 3., for all of the following:

18 1. An insured or enrollee who is 50 years of age or older.

19 2. An insured or enrollee who is under 50 years of age and at high risk for
20 colorectal cancer, as specified by the commissioner by rule under par. (d) 2. and 3.

21 (b) The coverage required under this subsection may be subject to any
22 limitations, exclusions, or cost-sharing provisions that apply generally under the
23 disability insurance policy or self-insured health plan.

24 (c) This subsection does not apply to any of the following:

25 1. A disability insurance policy that covers only certain specified diseases.

SENATE BILL 163**SECTION 9**

1 2. A health care plan offered by a limited service health organization, as defined
2 in s. 609.01 (3), or by a preferred provider plan, as defined in s. 609.01 (4), that is not
3 a defined network plan, as defined in s. 609.01 (1b).

4 3. A disability insurance policy, or a self-insured health plan of the state or a
5 county, city, town, village, or school district, that provides only limited-scope dental
6 or vision benefits.

7 (d) The commissioner, in consultation with the secretary of health services and
8 after considering nationally validated guidelines, including guidelines issued by the
9 American Cancer Society for colorectal cancer screening, shall promulgate rules that
10 do all of the following:

11 1. Specify guidelines for the colorectal cancer screening that must be covered
12 under this subsection.

13 2. Specify the factors for determining whether an individual is at high risk for
14 colorectal cancer.

15 3. Periodically update the guidelines under subd. 1. and the factors under subd.
16 2., as medically appropriate.

17 **SECTION 10. Initial applicability.**

18 (1) This act first applies to all of the following:

19 (a) Except as provided in paragraphs (b) and (c), disability insurance policies
20 that are issued or renewed, and governmental self-insured health plans that are
21 established, extended, modified, or renewed, on the effective date of this paragraph.

22 (b) Disability insurance policies covering employees who are affected by a
23 collective bargaining agreement containing provisions inconsistent with this act
24 that are issued or renewed on the earlier of the following:

25 1. The day on which the collective bargaining agreement expires.

SENATE BILL 163

2. The day on which the collective bargaining agreement is extended, modified, or renewed.

(c) Governmental self-insured health plans covering employees who are affected by a collective bargaining agreement containing provisions inconsistent with this act that are established, extended, modified, or renewed on the earlier of the following:

1. The day on which the collective bargaining agreement expires.

2. The day on which the collective bargaining agreement is extended, modified, or renewed.

SECTION 11. Effective date.

(1) This act takes effect on the first day of the 7th month beginning after publication.

(END)